

Session Nine
Fear of “the Needle”

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The NDEP strongly encourages inviting a medical person (health care provider or certified diabetes educator) to participate in any sessions that you conduct to provide support for the discussion and to answer any specific medical questions that may arise.

Background

Many people with diabetes use insulin to help keep their blood sugar (blood glucose) under control. There are many myths about insulin use. Some people think that a person has a “worse kind of diabetes” if he or she uses insulin. Insulin is the fastest, most effective way for someone with very high blood sugar to get it down to a normal range. Insulin alone or in combination with pills may be the best choice for many people with diabetes. Yet many people are afraid to use insulin. Why?

Objectives

1. To discuss what fears people have of using insulin.
2. To discuss insulin myths versus realities.
3. To describe what diabetes “self-management” means in terms of checking blood sugar, giving insulin, and problem solving.



Time needed for discussion: 30 to 45 minutes without the optional section on glucose monitoring; 45 to 60 minutes if discussion of self-monitoring of blood glucose is included.

Materials

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.

The handouts *Myths and Facts About Insulin* and *What You Might "Know" About Diabetes: Myths and Facts* can be found at the end of this session (after page 72).

- Handouts: *Myths and Facts About Insulin* and *What You Might "Know" About Diabetes: Myths and Facts* (the handouts are included in this discussion guide kit; make at least one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
- Play the film, or select scenes from the film as needed.



DVD

1. **Tell the group:** Think about the scene in which Calvin is in the doctor's office. *[You may want to replay the scene to refresh participants' memories.]*

Consider using the following questions to guide the discussion:

- **Ask:** What is Calvin's attitude in general in the doctor's office?

Examples of his attitude might include:

- Suspicion. He asks the nurse, "How long have you been doing this?"
 - Reluctance. He is not initially interested in a support group, saying "Let me think about it." He reluctantly agrees to return for a follow-up appointment with the doctor.
 - Concern and maybe some disbelief. He asks about his blood pressure reading: "Is that high?"
- **Tell the group:** Think about Calvin's reaction when he is told that he needs to use insulin. What does Calvin say to the doctor?

Possible responses include:

- "You're putting me on insulin? That's using the needle, right?"

Ask: Is Calvin perhaps expressing disbelief, shock, dismay, or other emotions?

- “I can’t believe I have to take insulin.”

Ask: What is Calvin feeling? Disappointment or disgust? Shock? Denial? Other emotions?

- **Ask:** What are some other common reactions that people have when they are advised that they need to use insulin?

Possible responses include:

- Fear of the needle.
 - Feeling more out of control or overwhelmed.
 - Feeling that insulin is the end of the road— that if they are using insulin, their diabetes is more serious.
 - Fatalism—feeling that if they are on insulin, there’s no use watching what they eat anymore.
 - Worry about whether being on insulin will change important things in their lives, such as whether they can still hold the same job. This concern about keeping a job can be a serious one for some people—those who have a commercial driver’s license, for example.
 - Fear of what others might think, or fear that people will think that they are “skin popping” or abusing drugs.
 - Others?
- **Ask:** Is there anyone here who uses insulin and is willing to tell us what it is like? *[If anyone volunteers, ask:]* How did you feel when you first started using insulin?



You may wish to bring out the following points in the discussion:

- “Using the needle” may sound awful, but the needle is very small—smaller than the one used to draw blood or even the one used to give children their “baby shots.”
- There are a lot more kinds of insulin and ways to give it than there used to be, so you and your doctor can find a system that works for you.
- It may be scary to take insulin when you first start, but most people adjust and don’t find it hard to do over time.
- Some people do have a difficult time accepting the use of insulin. Don’t be afraid to talk to your doctor if you are afraid or are having a hard time with it.
- Some people just refuse to use insulin, but such a refusal may mean that their blood sugar stays out of control and that they are risking complications.
- Some people are embarrassed about using insulin and try to hide their use, but there is nothing to be ashamed of—no more than if you were taking any other kind of medicine. Think whether you would feel this way if you had to take medicine for arthritis pain or acid indigestion.
- It can be a hassle to have to take insulin at specific times each day, or to have to match up your insulin dosage with the amount of food that you eat. But doing so is just trying to get as close as possible to what your body would do naturally if you didn’t have diabetes.
- Some people complain that using insulin causes them to gain weight. Although insulin can stimulate appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

2. **Tell the group:** Let's talk about some facts about insulin.
3. **Ask:** What is the doctor's response when Calvin says, "I can't believe I have to take insulin"?

Response:

- "Insulin is really the best thing for you now."

4. **Ask:** Why does the doctor say this to Calvin?



Make sure that the following points are brought out in discussion:

- Insulin can bring down a high blood sugar level faster than any other medication.
- Calvin's blood sugar is so high (400) that insulin will work better than other medications.
- It is dangerous to leave Calvin's blood sugar so high. He and his doctor need to take action.
- Using insulin will give Calvin's pancreas "a rest."
- Calvin may be able to control his blood sugar without insulin later.

5. **Tell the group:** The doctor also says, "The needle is so small you really can't feel it." How true do you think this statement is?



Make sure that the following points are brought out in discussion:

- The needle is small, but it is still a needle. It takes time to get used to the idea of injecting insulin.
- For many people, the issue is not so much the pain of the needle, but fear about what it means to use insulin.
- Using a needle may seem scary in part because it is a different way of taking medicine. Most people take medicine in the form of pills. But insulin is not the only medicine that is taken by injection. Other medicines may also be injected because they work

faster or more reliably when taken this way. Some people give themselves injections of medicine to stop a migraine headache. If they can do this to stop a headache, you can do this to control your blood sugar and stop the complications of diabetes.

Brainstorming Exercise

Ask the group to think about Calvin's reaction to starting insulin and about the things that you have talked about in your discussion of insulin. Then ask participants what advice they would have for themselves, or for someone starting insulin, to help calm fears and other emotions.

Discussion of Self-Monitoring of Blood Sugar

1. **Tell the group:** The nurse checked Calvin's blood sugar, but no one in the film talked about self-monitoring—checking your own blood glucose at home with a glucose meter.

Note: The purpose of this discussion session is to share experiences and talk about emotions related to diabetes care, not to provide details of home glucose monitoring. A session on home glucose monitoring and how to use the results is best taught by a certified diabetes educator or health care provider.



2. **Ask:** Why do you think no one in the film talked about self-monitoring?

Make sure that the discussion brings out the following points:

- There may not have been enough time in the film to discuss everything about diabetes care.
- There is only so much that Calvin can take in about diabetes at one time.

- Dr. Goodson says that she will set up a session for Calvin with a diabetes educator. That is probably when he will learn about self-monitoring.
- Self-monitoring is very important, even though it isn't covered in the film.

Note: A participant may comment that he or she finds that doing a fingerstick for self-monitoring hurts more than injecting insulin. If so, you can acknowledge that many people feel this way. You can encourage participants to talk to their doctor or diabetes educator about this issue. Explain that new lancets are available that may make it easier and less painful for them to check their blood sugar.



Homework Exercise

Give each participant a copy of the two handouts: *Myths and Facts About Insulin* and *What You Might “Know” About Diabetes: Myths and Facts*. Ask participants to review these handouts at home and to think of any questions that are not covered. Tell them to use the two handouts to help them come up with questions to take to their next doctor's appointment.

The brochure *Tips for Helping a Person with Diabetes* can be found behind the Handouts tab at the end of this guide.

Participants may also be interested in the NDEP brochure “Tips for Helping a Person with Diabetes,” available from http://www.ndep.nih.gov/diabetes/pubs/KnowNumbers_Eng.pdf



Handout for Session Nine

Myths and Facts About Insulin

Myth: Using insulin means that your diabetes is “really bad.”

FACT: Diabetes is a serious condition whether you use insulin, pills, or both. It is still serious even if it is controlled by food planning and physical activity alone.

Myth: You are “at the end of the road” if you are using insulin.

FACT: Insulin may be used at any time to help control diabetes. Some health care providers prescribe insulin when diabetes is first diagnosed, just as Dr. Goodson did for Calvin Dixon. Using insulin doesn’t mean that you have a “worse kind” of diabetes than others who don’t use insulin.

Myth: Insulin makes you fat.

FACT: Some people complain that using insulin causes them to gain weight. Although insulin can stimulate the appetite, it is overeating that causes weight gain. Choose vegetables or low calorie foods when you are hungry.

Myth: Some people can’t give themselves insulin.

FACT: Special devices are now available that help people with disabilities to give themselves insulin. Even blind people can measure insulin and give it to themselves accurately. If you have trouble seeing the amount of insulin to be drawn up into the syringe, or if you have any difficulty dealing with the syringe, talk to your doctor or diabetes educator about your needs.

Myth: Insulin is dangerous.

FACT: Any medicine can have side effects. It is important to know what the side effects are and how to avoid them so that you can learn to use insulin safely.

Myth: Once you start insulin, you must always stay on insulin.

FACT: There are many treatments for people with diabetes. Some people start on insulin injections and later switch to other medications taken as pills. Some are able to decrease the amount of medication they take once their diabetes is under control. Some even can stop certain medications IF they are able to lose enough weight.

Write Down Your Questions

Do you have a question about insulin? Are you unsure whether something is a myth or fact? Write it here (or on the reverse side of this page) and take it to your next doctor’s appointment.



Handout for Session Nine

What You Might “Know” About Diabetes

Myths and Facts

“I have a touch of sugar.”

There is no such thing as a “touch of sugar.” You cannot have a “touch of sugar,” just as a person cannot be a “touch” pregnant. Having “a touch of sugar” means having diabetes—plain and simple.

“I am only borderline.”

CAUTION: Diabetes Ahead! There is no “borderline” with diabetes—you either have the disease or not. The term “borderline” only serves as an excuse for people who don’t want to think about the reality of living with diabetes.

“You can’t prevent diabetes.”

Yes, you can. Studies show that people with prediabetes (blood sugar higher than normal but not in the diabetes range) can prevent or delay diabetes. If your doctor tells you that you have “a touch of sugar,” ask him if you have prediabetes or diabetes. There’s a big difference. For more information, visit <http://www.ndep.nih.gov/diabetes/prev/prevention.htm>.

“By drinking water, I can wash away the extra sugar in my blood and cure diabetes.”

Although you can wash away spilled sugar from a table, the body’s own sugar, glucose, cannot be washed away by drinking water. However, you can control your diabetes by eating a healthy diet, staying physically active, losing weight if you are overweight, seeing your doctor regularly, taking any medications as prescribed, and monitoring your blood sugar regularly.

“I have sugar in my eye.”

Uncontrolled diabetes can cause problems with vision, including blindness. Controlling the disease can prevent or delay complications with eyesight.

“Insulin is a cure for diabetes.”

Insulin is not a cure for diabetes. At this point, there is no cure for diabetes—only medicine and behaviors that help to control it. Insulin helps to control diabetes by keeping the body’s sugar, glucose, from building up in the bloodstream.

“If I’m not taking medicines for diabetes, it must not be serious.”

Not everyone who has diabetes needs to take insulin, but diabetes is always serious. If the body can produce insulin, other steps can be taken to help keep the insulin working effectively. These steps include regular physical activity, a healthy diet, oral medications (pills), and regular doctor’s visits.



"I have diabetes and I've seen its effect on family members. I know there is nothing I can do about it."

Remember, diabetes is serious, common, and costly but controllable. There are many actions that people with diabetes can take to live a full life, while preventing or delaying complications. Taking care of yourself by making healthy lifestyle changes, such as regular physical activity and a healthy diet, is the key to living well, even with diabetes.